

Central MRS Meeting Notes
February 22, 2007
Guilford County DSS

Counties Present: Durham, Forsyth, Granville, Guilford, Iredell, Mecklenburg, Orange, Randolph Rockingham, Surry, Union, Yadkin

Introductions

Overview of At Risk Case Management

Duke Update

Services Provided vs. Services Recommended

Family Assessments for Foster Homes

Overview of ARCM

Rick Zechman from the policy team presented on this. Has handouts regarding policy and a powerpoint. Can contact him for more information.

- May not know what this is, it is a resource from the Division of Medical Assistance for adults as well as children.
- Goes well with Services Provided and Services Recommended.
- The organization for this is very different. Some counties have workers that this is all they do.
- Easy eligibility is having a blue Medicaid card – no other color cards will work.
- Specific eligibility is in policy – page 3.
- Can't use this when the children are in foster care. Can use it in some cases of in-home services, but have to be very careful and be able to show a clear difference between what you are using the at-risk case management for that regular in-home services is not doing. (Remember that in-home is defined as a child who is a reasonable candidate for foster care.) Just be sure that you can document the specific reasons for using at-risk case management.
- It is a voluntary services so the family has to sign the 5027. Coded 395 in SIS manual.
- Rick showed an example of an assessment form that was developed my Medicaid – counties have been using this as a guide and making ones specific to their counties.
- We are doing this in partnership with Division of Aging and Adult Services so there may be other requirements for adults.
- The powerpoint gets into more details regarding documentation and monitoring requirements.
- If your county is not currently doing this, before you try to use it you need to ensure that you are certified to provide it. Most probably are, but there may be some that are not.
- This would be a way to provide services in a Services Recommended case. You don't want to recommend services to a family and then not have any funds to provide these services. So, you could use these funds to provide these services.
- Remember that these services must be 100% voluntary. Cannot use these funds if there are any mandates around the services that you are providing.
- One county said that they can't do it because when they enter the daysheets it won't let them enter 210 if there is a at-risk case open. One other county

has had 215 and at-risk open at the same time and they have not have had a problem.

Duke Update

- Are in the process of conducting the focus groups. These are 3 separate groups that include supervisors, workers without supervisors, and community partners. Participation has exceeded their expectations.
- April will be the “consent blitz” month. The Pilot 10 counties will collect consent forms from all families that they interact with during April so that Duke can be doing interviews in April through June.
- Although many counties here are not Pilot 10, for next year Duke will be selecting 10 counties that were not the Pilot ones, so if your county is selected next year this should sound familiar.
- Will be adding a new component. System of Care uses a survey at the end of CFT meetings. They will be adding this survey so that we can gain insight into how well the CFT meetings are working for families.
- Working on a template for the 10 Pilot counties. These are fact sheets that provide county level information compared to the state as a whole.
- Next year they will do these for all 100 counties. Would like to get feedback on the fact sheets this year before they do them for the entire state.

Services Provided vs. Services Recommended

Wanted to have a conversation about how these were being used. Looked at percentages of family assessments that were Services Provided, CPS Services no longer Needed vs. Services Recommended. (this is page 35 of the hard copy of 1408 III D Case Decision.)

- If you have provided services when you frontloaded that were safety related and if you had not provided them the family would have gone to 215, that is Services Provided. If you are providing services that are helpful but are not safety related, that is Services Recommended.
- Is the service/referral safety related or not? This is the criteria. If it is, that is Services Provided. If it is not, it is Services Recommended.
- Services Provided, CPS Services no Longer Needed – if you had not made XYZ referrals and they had not followed up, would you have ever sent the case to 215? If not, it is only Services Recommended.
- Some counties have been confused about which is which. Guilford had one zone that probably coded wrong for a little while.
- One county was under the impression that for Services Recommended they had to ensure that the family took advantage of the services. Holly explained that there is not requirement for them to take advantage of them. That is why it is recommended. You should document how you made the family aware of the services and what you think happened with follow up, but if they don't follow up, you can still close the case.
- If services were provided during the assessment the 5104 field #23 it asks which services were provided.

There were a couple of questions regarding switching tracks – when and how you could do that. For more information on that see notes from November 2006 meetings when switching tracks was an agenda items.

Family Assessments for Foster Homes

People have asked Holly why we treat foster care families differently. Most of these questions have come from foster care licensing folks.

- As a worker and a licensed foster parent, one person here wants the same rights as other parents.
- Felt that the cross county issue would complicate the matter.
- Some counties have found that foster children will not share information in front of the foster parents either because they are afraid of being moved, or of being punished.
- Guilford feels that we are paying foster parents so we have the right to treat them differently. Iredell agrees.
- Guilford asked if we found In Need of Services, who will be providing these services? Would it not be odd to be providing in-home services with foster parents that we are paying?
- Foster Parents are more vulnerable to reports because everyone is looking at them. Putting kids in care that have many issues and may be manipulative, as well as their birth parents.
- Patrick said that initially the Pilot 10 counties initially said that FC had to be investigative because initially not all 100 counties were MRS so your buddy county might not be doing family assessment yet. But now all 100 counties do family assessments so in theory we could offer this option.
- Some counties felt that Foster Care families should be held to a higher standard.
- Suggestion was made that you would be able to switch to a family assessment, but only after the initiation. (In other words all would be taken as investigative but if it appeared not to be severe you could switch after the initial home visit.)
- Holly reminded them that they could still use family centered practice techniques with investigative assessments.
- How do people feel about holding foster parents to a higher standard?
- One county said they would not hold them to a higher standard.
- How does this feel from the biological parents point?

Risk Assessment and Risk ReAssessment

- Some concern that on the risk reassessment she said she used to be able to do a supervisory override up or down one level. Said there is no longer on place on the risk reassessment for low (if you override low).
- Patrick stressed that according to policy you cannot lower the risk level. Does not believe you could ever lower the risk level, only increase. You can however make a supervisory decision to close the case even though the risk is moderate (for example woman with several children with past reports bumps her up on the risk re-assessment).
- Counties are doing risk assessments at different times during the case.
- There is nothing saying you can't update it or do another one when new information comes to light.
- Still want a place for the family to sign the form – its not respectful to ask them to sign a form when we don't even care enough about their signature to add a line for it.

- The risk reassessment is dangerous. This tool allows you to lower the risk when it really is not because of the structure of the tool vs the assessment. Especially with new workers this is a problem because they are using the tool that the state asks them to use. Doesn't ask the same questions that the risk assessment asks so you can't get the same picture. (Example: No DV question.)
- Leads to a lot of supervisory overrides.

Structured Intake Question

- On the structured Intake form there is now a question about insurance. Where did that come from?
- We looked at this as a piece of information that will carry throughout the life of the case (until foster care or adoption) so went ahead and added it.
- Would help also when NCFast comes on-line.

Suggestion for future meeting agenda items:
Kinship Care – and when you can close the case.

Future Meetings:
Central: April 27th Iredell
Eastern: April 26th Cumberland